

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390048</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>07/14/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>ENDOSCOPY CENTER OF GEISINGER LEWISTOWN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>310 ELECTRIC AVENUE, SUITE 150 LEWISTOWN, PA 17044</b>		
STATE LICENSE NUMBER: <b>05731500</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an occupancy survey conducted on July 14, 2023, for Endoscopy Center of Geisinger Lewistown Hospital, which included the addition of new equipment: GIF- 2TH180 Dual Channel Scope. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition of the Guidelines for Design and Construction of Outpatient Facilities.</p>	S 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



# Certified End Page

**ENDOSCOPY CENTER OF GEISINGER LEWISTOWN HOSPITAL**

**STATE LICENSE NUMBER: 05731500**

**SURVEY EXIT DATE: 07/14/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY